REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13271
Do not use this space.

1. PLACE OF DEATH
(a) County ..... 1 Registration District No. 791
(b) Township ..... 2 Primary Registration District No. 1003 Registered No. 3875
(c) City St. Louis, Mo. (d) Street No. US Marine Hospital, 3640 Marine Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cornelius McGee 200
(a) Residence, No. 121 Farley Street St. NR Paducah, Ky.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ophelia McGee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-30-1872
7. AGE: YEARS 66 | MONTHS 2 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Captain
9. Industry or business in which work was done, as saw mill, bank, etc.: on River Steamers
10. Date deceased last worked at this occupation (month and year): Feb. 4, 1938
11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill. E. Dubuque Illinois. 1

FATHER
13. NAME: John McGee 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Unknown~~ Eliza Brady Ireland 5

MOTHER
15. MAIDEN NAME: Elizabeth Brady
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

17. INFORMANT (ADDRESS): Clinical Records, US Marine Hospital, St. Louis, Missouri.
18. BURIAL, CREMATION, OR REMOVAL PLACE: E Dubuque Ill. DATE: 4-27, 1938
19. FUNERAL DIRECTOR (ADDRESS): Chas Burke East St Louis Illinois
20. FILED: APR 26 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 26, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1938, 19..., to Apr. 26, 1938, 19...
I last saw him alive on Apr. 26, 1938, 19... Death is said to have occurred on the date stated above, at 2:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinosis, general	Unknown
Primary seat head of pancreas	

46

Other contributory causes of importance: None

Name of operation: Exploratory laparotomy Date of: 3-24-38
What test confirmed diagnosis? Clinical and laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) T. E. Billings, A. Surg. USPHS, M. D.
(Address) US Marine Hospital, St. Louis, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Howard F. Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Howard F. Rowland

Licensed Embalmer No. 3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)